

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
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5							55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	?						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	15						TOTAL CLAIMS						

BEST AVAILABLE COPY